

## Additional Registration Information

### City Residents

To qualify for the City Resident rate, **the camper must reside within the corporate City limits of Gaithersburg\***. City residents are those individuals residing within the City's corporate tax limits. Do not assume that a Gaithersburg mailing address is within the City's corporate tax limits.

\* A copy of a parent/guardian's driver's license is required with each registration claiming City residency.

### Falsifying Registration Information

Falsifying registration information by either claiming City Residency or falsifying the grade the camper will enter in the fall of 2004 will result in the denial of the registration.

Admittance to All Day Camps and YAPs Programs is based on grades entering in the fall of 2004.

### CLINIC REGISTRATION FORM

☐ Check here if new address/phone since last time registered.

Payer's Last Name \_\_\_\_\_ Payer's First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Start Date	Grade Fall '04	School Fall '04	Fee
<i>Example:</i> Dylan Smith	M	7/03/92	Basketball	6124	ACBP	6/24	5	CLS	\$65.00
<b>TOTAL \$</b>									

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_

Visa/MC# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

#### OFFICE USE ONLY:

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_